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This listing of claims will replace all prior versions, and listings, of claims in the application:

In the claims:

1. (Original) A method for benefits administration for a benefit plan enrollee comprising:
 - a) providing a benefit plan for a benefit year comprising a Health Care Account and an Umbrella Account;
 - b) collecting premiums for deposit into said benefit plan to form a funded Health Care Account and a funded Umbrella Account;
 - c) processing claims made by a benefit plan beneficiary to form processed claims;
 - d) disbursing funds from said funded Health Care Account or said funded Umbrella Account to pay said processed claims; and
 - e) distributing any funds remaining in said funded Health Care Account or funded Umbrella Account at the end of the benefit year.
2. (Original) The method of claim 1 wherein said disbursing of funds is first done from said funded Health Care Account until it is depleted, then from said funded Umbrella Account.
3. (Original) The method of claim 1 wherein said distributing comprises paying any funds remaining in said funded Health Care Account or said funded Umbrella Account directly to the benefit plan enrollee.
4. (Original) The method of claim 1 wherein said distributing comprises paying any funds

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- remaining in said funded Health Care Account or said funded Umbrella Account directly to a retirement plan for the benefit of the benefit plan enrollee.
5. (Original) The method of claim 1 wherein said distributing comprises paying any funds remaining in said funded Health Care Account or said funded Umbrella Account directly to an Extended Care Account for the benefit of the benefit plan enrollee.
 6. (Original) The method of claim 1 wherein said distributing any funds remaining in said funded Health Care Account or said funded Umbrella Account is actuarially determined.
 7. (Original) The method of claim 1 wherein said disbursing of funds is to a health care service provider.
 8. (Original) The method of claim 1 wherein said disbursing of funds is to the benefit plan beneficiary.
 9. (Original) The method of claim 1 wherein said distributing comprises returning a portion of funds remaining in said Umbrella Account to the benefit plan enrollee.
 10. (Original) The method of claim 1 wherein said distributing comprises using a portion of funds remaining in said Umbrella Account funds to provide prevention and early detection services.

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11. (Withdrawn) A method of health management comprising providing a Health Team for a defined group of benefit plan beneficiaries, said Health Team being responsible for services to said defined group of benefit plan beneficiaries comprising:
- a) providing prevention protocols to said defined group of benefit plan beneficiaries;
 - b) collection of Health Risk Assessment Data and Medical History for each member of said defined group of benefit plan beneficiaries;
 - c) paying medical and health services claims for specific members of said defined group of benefit plan beneficiaries;
 - d) performing utilization review and pre-certification services for specific members of said defined group of benefit plan beneficiaries;
 - e) performing telephone triage for specific members of said defined group of benefit plan beneficiaries;
 - f) providing health information, including automatic health and early detection reminders, to specific members of said defined group of benefit plan beneficiaries;
 - g) monitoring disease-specific outcomes to identify specific at-risk members of said defined group of benefit plan beneficiaries with disease states amenable to pro-active medical and health interventions, and to secure appropriate preventive or therapeutic intervention for the specific at-risk members; and
 - h) implementing disease and case management services and programs for the specific at-risk members of said defined group of benefit plan beneficiaries.
12. (Withdrawn) A clinical information system comprising a third party administrator component, a health management component, and a health risk assessment/medical

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history component.

13. (Withdrawn) The clinical information system of claim 12 wherein said third party administrator component comprises a basic claims administration software system, an ad hoc reporter writer, a code review system, a case management system, accounting software and data management system.
14. (Withdrawn) The clinical information system of claim 12 wherein said third party administrator component further comprises a funds disbursement system.
15. (Withdrawn) The clinical information system of claim 12 further comprising a pharmacy benefits management component.